PTO/SB/17 (12-04)

| Canalise the prevented flags and but of 1985 on consensus and consensu | | Approved for use through U/S DATE TO COMMERCE U.S. Patent and Trigitarian Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trigitarian Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trigitarian Office; U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trigitarian Office; U.S. Patent of Information Indicated Under control mumber U.S. Patent and Trigitarian Office; U.S. Patent of Information Indicated Under control mumber U.S. Patent of Indicated Under Control Mumber U.S. Patent Office Under Control Mumber U.S. Patent U.S. Patent Under Control Mumber U.S. Patent U.S. Pa | | | | | | |
|--|--|--|--------------------------|-----------------------------|----------------------------------|--------------------|--|--|
| FEE TRANSMITTAL FOR FY 2005 Application Number Conception Acceptable Application Number Conception Application Number Conception Application Number Application | Hinder the Penerural Rast exten Ar | CONTRACT AND LONG STREET OF F | Complete if Known | | | | | |
| FEE TRANSMIT AL For FY 2005 Applicated delines and entity stehus. See 37 CFR 1.27 | Effective on 12/08/2004. Energy of the Committeed Appropriations Act, 2005 (N.R. 4818). | | | | | | | |
| Post Fy 2005 First Named Invalidation Proceedings Proceeding | FEE TRANSMILIAL | | | October 31, 200 | | | | |
| Application claims among entity status. See 37 CFR 1.27 Art Unit 2122 | | | | Mason B. Cabot | | | | |
| Applicant claims amail entity estatus, See 37 CFR 1.27 Art Unit | FOI FY ZUUS | | | | James D. Rutter | | | |
| METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Caposit Account Number, 02-2686 Outpool Account Name, Baltany, Solvatelfi, Taylor & Zafman LLP For the above-Adentified deposit account, the Director is harshy eathertized to: (check all that apply) For the above-Adentified deposit account, the Director is harshy eathertized to: (check all that apply) When the solver-Adentified deposit account, the Director is harshy eathertized to: (check all that apply) When the solver-Adentified deposit account, the Director is harshy eathertized as that apply) When the solver-Adentified deposit account, the Director is harshy eathertized as that apply) When the solver-Adentified deposit account, the Director is harshy eathertized as that apply) When the solver-Adentified section of feets) When the solver-Adentified as that apply of the filling fees When the solver-Adentified as that apply of the solver-Adentified and the solver-A | Applicant claims amail entity status. See 37 CFR 1.27 | | | | 2122 | : | | |
| METHOD OF PAYMENT (chack all that apply) Check | | | | 42P12718 | | | | |
| Check Credit Card Money Order None Other (please identify): Deposit Account Capuel Account Number 02-2688 | 10/12 | | | | | | | |
| Check Credit Card Money Order None Other (please Identify): Deposit Account Capacit Account Number 02-2688 | METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Deposit Account Capacit Account Number 102-2088 Deposit Account Capacit Account Number 102-2088 Deposit Account Capacit Account Number 102-2088 For the above-Identified deposit account, the Objector is hereby suttherized to: (check all that apply) For the above-Identified deposit account, the Objector is hereby suttherized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Charge fee(s) indicated below, except for the filing fee I Read Start Fee Star | Other (nines identify). | | | | | | | |
| For the above-Identified deposit account, the Director is hareby authorized to: (check all that apphy) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fees Charge fee(s) indicated below, except for the filing fees Charge fee(s) indicated below, except for the filing fees Charge fee(s) indicated below, except for the filing fees Charge fee(s) indicated below, except for the filing fees Charge fee(s) Charge fee(s) indicated below, except for the filing fees Charge fee(s) Charge fee(s | Check Credit Card Card Card Card Tours A Zafman 119 | | | | | | | |
| Charge fee(s) indicated below. Except for the fulling less will charge any additional fee(s) of underpayments of fee(s). Credit any overpayments will be under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit any overpayments information and authorization on PTD-2018. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Served FEES S | Deposit Account Depo | Deposit Account Capasi Account Number 1/2 Account N | | | | | | |
| Charge any additional facts) or underpayments of facts) WARNING: theremstee on this form may become public. Credit any overpayments WARNING: theremstee on this form may become public. Credit and Libermation should not be included on this form. Provide credit and information and surfactuation on PTD-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Senati Entity Fee (3) Fee (4) F | | | | | | | | |
| ### Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | [A. [C/5](A) 100(h) (timered and timered a | | | | | | | |
| WARDINES: Information on this form any becomes public. Credit and information should not be information and sufformation and sufficient sufformation and sufficient suffic | Charge any additional fee(s) or underpayments of f2e(s) | | | | | | | |
| FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Sewell Entity Small Entity Application Type Fee (3) Fee (4) | WASHING: Information on this fo | AN LUBA PAC | some public. Gredit card | information should not be i | Vernage ou gas mair | P/500.5 0/50% 25.0 | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Application Types Fee (3) Sea (3) Sea (3) Fee (4) Fee (3) Fee (4) Fee (4) Fee (4) Fee (5) Fee (5) Fee (6) Fee (6) Fee (6) Fee (6) Fee (7) Fee (8) Fee (9) Fee (3) Fee (3) Fee (4) Fee (4) Fee (4) Fee (4) Fee (4) Fee (5) Fee (4) Fee (5) Fee (4) Fee (6) Fee (7) Fee (7 | Information and authorization on | PTQ-2038. | | | | | | |
| Application Types Fea. (5) Fea. (5) Fea. (6) Fea. (6) Fea. (6) Fea. (6) Fea. (7) Fea. (7) Fea. (8) Fea | FEE CALCULATION | | | | | | | |
| Application Types Fea (3) Fea | | | | | | | | |
| Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Reissue 200 100 0 0 0 0 0 Provisional 200 100 0 0 0 0 0 0 Excess CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claims Total Glaims Total Glaims Entra Claims Pea (\$) Fee Paid (\$) Fee Paid (\$) HP = highest number of independent claims paid for, # greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$) 25 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(a). Total Sheets Entra Sheets Mumber of each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(a). Total Sheets Entra Sheets Mumber of each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(a). Total Sheets Entra Sheets Mumber of each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(a). Total Sheets Entra Sheets Mumber of each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(a). Fee Paid (\$) | _ | S 4 | meil Entity | Small Entity | Small Entity to (\$) Fee (\$) | Foes Paid (5) | | |
| Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Reissue 300 150 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | <u> </u> | | | | | · | | |
| Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Utility | | 100 | - 250 | - | | | |
| Plant Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 Synstl Entity Eag Provisional 2 EXCESS CLAIM FEES Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 700 100 Each independent claims Total Claims Entra Claims Entra Claims Entra Claims Entra Claims Fee (5) Fee Paid (5) HP = highest number of total claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(0) and 37 CFR 1.16(a). Total Sheets Extra Sheets Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension of Time Supporture by Signsture Supporture 100 100 100 100 100 100 100 100 100 10 | Design | | ,,,, | | | <u> </u> | | |
| Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | 150 | | | | |
| Provisional 2. EXCESS CLAIM FEES Fee 100 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Total Glaims Entra Glaims Entra Glaims Fee (\$) Fee Paid (\$) Multiple dependent claims Total Glaims Entra Glaims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) The Prighest number of total claims paid for, if greater than 20 Independent claims Fee (\$) Fee Paid (\$) Fee Paid (\$) APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small emity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Entra Bingss Mamber of each additional 50 others or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Fee Paid (\$) | Reissuo | | .,, | . 230 | | | | |
| 2. EXCESS CLAIM FEES Fee Description Each elaim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent Total Glaims Total Glaims Eatra Glaima Eatra Glaima Fee (5) Fee Paid (6) Fee Pa | | | 100 | v v | • | Small Entity | | |
| Each claim over 20 or, for Reissues, each claim over 20 and thou and thought and the original patent 200 100 Each independent claims over 3 or, for Reissues, each independent claim more than in the original patent 200 180 Multiple dependent claims Total Staims | | | | | | ERRID Fee (S) | | |
| Each independent claims Multiple dependent claims Eartra Claims Each E | Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | | |
| Multiple dependent claims Total Glaims Entra Glaims Entra Glaims Fee (3) Fee Paid (5) HP = Nighest number of total claims paid for, if greater than 30 Indep. Glaims Extra Glaims Extra Glaims Extra Glaims Extra Glaims Fee (3) Fee Paid (5) HP = Nighest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Fee Paid (3) Fee Paid (3) Fee Paid (3) Fee Paid (5) Aumber of each additional 50 or fraction thereof Fee Paid (3) Fee Paid (5) Fee Paid (6) Fee Paid (6) | Each independent claim over 3 or, for Keissum, cach margarette and 180 | | | | | | | |
| -20 or HP = X 50 Fee (3) Fee (3) HP = highest number of total claims paid for, if greater than 20 Indep. Glaims Extra Glaims Extra Glaims Fee (3) Eee Paid (3) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Extra Bhasts Mamber of each additional 50 or fraction thereof Eee (3) -100 = /50 = (round up to a whole number) x 4. OTHER FEE(6) Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension of Time Surmitted BY Seignsture Telephone 408-720-8300 (Astomovilagery) One /2 /3 (3) (0) (Astomovilagery) One /2 /3 (3) (0) | Multiple dependent claims | i | - 401 | | | | | |
| HP = highest number of total claims paid for, if greater than 20 Eas Paid (5) Eas Paid (5) | 20440 | | 50s | | | | | |
| HP = Nighest number of independent dalms paid for, if greater than 3 | HP = highest number of total cla | dms paid for | greeter tran 20 | can stated #\$1 | | | | |
| HP = Nighest number of hospendart dahms peld for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small emity) If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small emity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Intal Sheets Entra Bipers 100 = | Indep. Cialma | cica Cisim | | - PO P IN IN | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). Total Sheets Extra Bissess Fee Paid (\$) Feeq Paid (\$) 4. OTHER FEE(\$) Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension of Time Summitted BY Signsture Pagistration No. 40,216 Telephone 408-720-8300 [Attorney/Agent) | HP = highest number of independent claims peld for, if greater than 3 | | | | | | | |
| for each additional 50 sheets of fraction interest. Sumber of each additional 50 or fraction thereof the paid (3) Total Sheets Extra Bhaets (cound up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension of Time Summitted BY Segistration No. 40,216 Telephone 408-720-8300 [Attornovilagern] | | | | | | | | |
| Intel Sheets Extra Bitters / 50 = (round up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension of Time SUBMITTED BY Signsture Feeq Paid (\$) \$120.00 Submitted BY Feeq Paid (\$) Alternoviagem 40,216 Telephone 408-720-8300 [Attempor/agem] Paid (2 / 3 G) / 0 V | | | | | | | | |
| -100 = /50 = (round up to a whole number) x 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other: One Month Extension of Time SUBMITTED BY Signsture Feeg Paid (\$) \$120.00 Submitted BY Signsture (Alternovillagers) (Alternovillagers) Oute /2 /3 6) / 0 V | The Chart Digital of GEO STATE CONTROL OF CO | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 (ce (no small entity discount) Other: One Month Extension of Time SUBMITTED BY Signsture Substitution No. 40,216 Telephone 408-720-8300 (Astomovi/Agent) Onte /2 /3 6) / 0 V | 100 a (50 = (round up to a whole number) x | | | | | | | |
| Non-English Specification, \$130 fee (no small entry discount) Other: One Month Extension of Time Summitted BY Signsture Signstur | A ATUED REGICI | | | | | | | |
| Other: One Month Extension of Time SUBMITTED BY Signature Signature Signature Signature Onto 12 /3 6) / 0 V | Non-English Specific | ation. 5 | 130 fee (no small en | tity discount) | • | 4444 66 | | |
| SUBMITTED BY Segistration No. 40,216 Telephone 408-720-8300 (Attorney/Agent) Oate /2 /3 6) / 0 V | Other: One Month E | dension o | f Time | | | \$120.00 | | |
| Signsture (Allerinoviagem) 40,218 (18-120-330) | | 7 | 71 11 | | | | | |
| Signature (2/3/9/0V | | 2-11 | 111.11 | | 216 Tele | phone 408-720-8300 | | |
| | | | | (Altomov/Agent) | | 12/80/04 | | |

The collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete his term and/or suggestion term to the USPTO. Time will very depending upon the building account on the amount of time you require to complete this term and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this term and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this term and/or suggestions for This area of Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abstraction, VA 22313-1450.

ADDRESS, SEND TO: Compileationer for Patents, P.O. Box 1450, Abstraction, VA 22313-1450.

If you need essistance in completing the form, cell 1-800-PTO-9199 and select option 2.

PAGE 2/15 * RCVD AT 12/30/2004 5:02:46 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/0 * DNIS:7457239 * CSID:4087208381 * DURATION (mm-ss):05-06